RECOMMENDATION FOR ACADEMIC PROGRAM/I-20 EXTENSION

*Undergraduate students applying for an I-20 extension need to include a completed and signed "Baccalaureate Degree Completion Plan" form with this form

TO BE COMPLETED BY THE STUDENT

Name: ________________________________________ Degree Objective: 
(first/given) (last/family) 
SF State Student ID: 9 SEVIS ID: N
E-Mail Address: ___________________@mail.sfsu.edu Phone: _____ __-_____________________
Major Field of Study: ____________________________ I-20 Expiration Date: ________/_______/________
Signature: ____________________________________ Today’s Date: ________/_ ______/________

TO BE COMPLETED BY STUDENT’S MAJOR DEPARTMENT ACADEMIC ADVISOR

Academic Advisor: This form must be completed for an F-1 student to remain in legal immigration status while completing the academic program. Any questions you may have can be directed to the OIP at (415) 338-1293.

1. This student will complete all degree requirements for his/her current academic program on: ________/_______/________

3. This student has not yet completed the current academic program of study due to (please check all reasons which apply):

☐ Delay caused by a change in major field of study
☐ Delay caused by a change in research topic
☐ Delay caused by unexpected research problems
☐ Delay caused by lost credit upon transfer to our school
☐ No unusual delay. The original length of time given to complete studies was not reasonable for an average student in this program
☐ Other (please attach a detailed letter of explanation)

I therefore recommend that this student be allowed additional time to complete studies.

Academic Advisor’s Signature: ________________________________ __________________
Name and Title (please print): ___________________________________ ______________
Department (please print): ___________________________________ ______________
Date: ________/_______/________

TO BE COMPLETED BY OIP

Approved Denied OIP Advisor’s Initials: _______ Date Student Notified: _______ Date Entered into SEVIS: _______

PLEASE RETURN THIS FORM AND A SIGNED BACCALAUREATE DEGREE COMPLETION PLAN (UNDERGRADUATE STUDENTS ONLY) TO AN OIP ADVISOR DURING DROP-IN HOURS

Last Updated: September 19, 2014